

# INSTRUCTIONS FOR COMPLETING THE INDIVIDUAL DEVELOPMENT PLAN (IDP)

(may be handwritten or typed)

## TO BE COMPLETED BY EMPLOYEE:

**PART I:** Enter appropriate data.

**PART II:** Briefly describe your goals for your current position. If you wish, include goals for future positions in which you have an interest. Seek your supervisor's advice on goals that would help you maintain/improve your performance in your current position. Obtaining advice from your supervisor on future needs and programs of the Agency will enable you to develop more realistic future goals.

## **TO BE COMPLETED BY SUPERVISOR AND EMPLOYEE:**

**PART III:** List development that you and your supervisor agree will improve your performance in your current position and for future positions as permitted by Agency policies/training funds. If the Agency cannot afford to address a need but you want to address the need on your own time, you should write "SD" (for self-development) to the left of the need. "No development needed" may be entered if you and your supervisor agree that no development is currently needed.

**Developmental Needs:** List needs as knowledge, skills, or abilities (KSA's) to be acquired or developed, such as knowledge of cash flow analysis, writing skills, or the ability to prepare interoffice correspondence. Prioritize the needs by putting a "1" to the left of the most important need, "2" to the left of the next most important need, etc.

**Developmental Activities:** List the activity that best meets the developmental need, for example:

**Self-Instructional -** Such activities might include completing Computer-Based Instruction, or a video tape course at work

**On-The-Job-Training -** Cross training, task force assignments, special projects, shadow/rotation assignments, details or temporary service with other Federal agencies.

**Coaching or Mentoring -** An employee selects a senior employee or someone whom he/she admires and views as a role model, and seeks that person's advice on progressing in his/her current career field or changing career fields.

**Self-Development -** Such activities might include taking evening or weekend courses at local schools using correspondence and other individualized courses, reading books and other publications or journals, or attending and actively participating in professional or technical societies, civic activities, or advisory boards.

**Formal Training -** Classroom training such as job specific training (e.g., ACS Induction training, or Credit and Financial Analysis), or general skills training (e.g., effective writing, stress management, or supervisory/managerial training).

**COSTS:** List estimated expenses for each activity listed. Include costs for travel, tuition, books, and other materials.

**PART IV:** You and your supervisor will sign and date after first completing the IDP, and initial and date when the IDP is reviewed annually. Between annual reviews, the IDP can be used to record completion of planned development activities, deletion/addition of activities, changes in planned completion dates, and as a starting point anytime you and your supervisor need to discuss your development.

United States Department of  
Agriculture  
Farmers Home Administration

**INDIVIDUAL DEVELOPMENT PLAN**  
(SEE REVERSE SIDE FOR COMPLETION INSTRUCTIONS)

**PART I: EMPLOYEE DATA**

Employee	Organizational Location
Position Title	Series/Grade

**PART II: CAREER GOALS**

Goals for Current Position:	Goals for Future Positions (Optional):
-----------------------------	--

Note: Agency funding of the development activities listed in the plan is dependent on agency mission, workload and budget constraints.

**PART III: DEVELOPMENT NEEDED**

Developmental Needs: (Knowledge, skills or abilities to be acquired or developed)	Developmental Activities: (Classroom training, self-study, or on-the-job training)	Planned Completion Dates	Actual Completion Dates	Estimated Cost

**PART IV. SIGNATURES / INITIALS**

Original IDP Supervisor's Signature:	Date:	IDP Update: Supervisor's Initials:	Date:	IDP Update Supervisor's Initials:	Date:
Employee's Signature:	Date:	Employee's Initials	Date:	Employee's Initials:	Date:

ORIGINAL: EMPLOYEE

**REQUEST FOR PRE-APPROVAL OR WAIVER OF  
CONTINUING PROFESSIONAL EDUCATION (CPE) CREDITS**

1. NAME:		2. PAY PLAN-SERIES-GRADE: (EX: GS-510-12)
3. DIVISION/BRANCH/SECTION	4. MAIL CODE:	6. TELEPHONE NUMBER:

**A. PRE-APPROVAL**

6. TITLE OF COURSE, PUBLICATION, ETC.: (Publisher, etc.)		7. NUMBER OF CPE CREDITS REQUESTED: (Attach agenda if available)	
8. SOURCE: G COLLEGE/UNIVERSITY _____ G OPM _____ G PRIVATE VENDOR _____ G OTHER _____		9. DATES OF ATTENDANCE, PRESENTATION, OR PUBLICATION	
		10. TRAINING HOURS DUTY _____ NON-DUTY _____ PREPARATION _____ PRESENTATION _____	
11. BRIEF DESCRIPTION OF CONTENT		12. TYPE OF CPE ACTIVITY: (CHECK ONLY ONE) G STUDENT/PARTICIPANT (CLASSROOM, PRESENTATION, ETC.) G SELF-PACED INDIVIDUAL INSTRUCTION G PRESENTER (PROFESSIONAL MEETING, CONFERENCE, ETC.) G INSTRUCTOR (CLASSROOM TRAINING) G AUTHOR (PUBLISHED WORK)	
13. EMPLOYEE SIGNATURE:	14. DATE:	15. SUPERVISOR SIGNATURE	16. DATE:

**B. WAIVER**

17. NUMBER OF CPE CREDITS TO BE WAIVED:		18. REASON: (DOCUMENTATION MUST BE ATTACHED) G JOB RELATED G MEDICAL G MILITARY G OTHER _____	
19. EMPLOYEE'S SIGNATURE:	20. DATE:	21. SUPERVISOR'S SIGNATURE:	22. DATE:

**C. CPE ADVISORY BOARD**

23. PRE-APPROVAL: G APPROVED NUMBER OF CPE CREDITS PRE-APPROVED _____ G DENIED (EXPLANATION ATTACHED)	
24. WAIVER: G APPROVED NUMBER OF CPE CREDITS WAIVED _____ G DENIED (EXPLANATION ATTACHED)	
25. ADVISORY BOARD SIGNATURE:	26. DATE:

DISTRIBUTION BY BOARD: 1. EMPLOYEE 2. SUPERVISOR 3. CPE ADVISORY BOARD

Form RECD 350-55(10/95)

